

**MICHIGAN SUPREME COURT
&
MICHIGAN COURT OF APPEALS**

**CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION
FOR PERSONAL BACKGROUND INVESTIGATION**

I give permission to the Court to investigate my driving record and any criminal history. I understand that this information will become part of the confidential records of the Court, and that I will not have access to those records.

A photocopy of this release will be as valid as the original, even though the photocopy does not contain my original signature. (This authorization shall continue in effect until revoked by me in writing.)

Printed Name _____ Male Female
(Last, First, Middle)

Social Security # _____ Driver's License # _____ State Issued _____

Month/Day/Year of Birth _____

Proposed Start Date: _____ Job Title: _____

Supervisor's Name: _____ Office Location: _____

Is there additional information about you under a different name?

Yes No Maiden Name: _____

If yes, please explain and list names: _____

Signature _____ Date _____

A signed hard copy of this form must be sent to Human Resources within **5 business days prior to start date**.

**Human Resources
Hall of Justice 5th Floor
925 West Ottawa Street
P.O. Box 30052
Lansing, MI 48909
Fax (517) 373-5019**